



13281 U.S. PTO

31353 U.S. PTO  
107770415



## UTILITY PATENT APPLICATION TRANSMITTAL

<b>Address to:</b> <b>Box PATENT APPLICATION</b> Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	HSUD3002/EM
	First Named Inventor (or identifier)	David HSU
	Total Pages	25

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	KVM Switch
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p>9 pages of specification, including claims and Abstract. 3 sheets of FORMAL drawings (Figs. 1-3). 1 Chinese Specification. 4 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 check in the amount of \$385 (Filing Fee).</p> <p><input checked="" type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -</p> <p><input type="checkbox"/> 6. Other: _____</p>	

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	4	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$86 =	\$0.00
<b>Correspondence Address:</b> BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176  <b>23364</b> CUSTOMER NUMBER				Multiple Dependent Claim (add \$290.00):	\$0.00
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	\$385.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$385.00
Date:	Name:		Signature:		Reg. No.
February 4, 2004	Eugene Mar				25,893